PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004										Apr	Application or Docket Number													
CLAIMS FILED - PART I								SM		ENTITY		ОТН	ER THAN											
TC	TAL CLAIM	S	(Colur	(Column 1)			7	_			~ °	R SMAL	L ENTITY											
FO	R		NUMBER	CH CD		JMBE R EXT RA	4		ATE	FEE		RATE	FEE											
TOTAL CHARGEABLE CLAIMS			1-2	100			BASIC FEE			·	0	R BASIC FE	E 950											
INDEPENDENT CLAIMS			132	minus 20 =		10	1	X	\$9=		Oi	R X \$ 18	270											
MULTIPLE DEPENDENT CLAIM PR			16	minus 3 = *				X:	44 =		Oi	₹ X \$ 88 :	=											
├								+\$	150 =		OF	+ \$ 300	=											
, "				less than zero, enter "0" in column 2					DTAL		OF	TOTAL	1720											
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Cotumn 2)							_				OTHE	R THAN											
		CLAIMS	T	(Colun		(Column 3)	7	Si	WALL	ENTITY	OF		ENTITY											
ENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
AMENDMENT	Total	<u> </u>	Minus	**		=		X \$	9 =		OR	X \$ 18 =												
AME	Independent	*	Minus	***		=		X \$	44 =		OR	X \$ 88 =												
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDENT (CLAIN			+\$1	150 =		OR	+ \$ 300 =												
									TAL T. FEE		OR	TOTAL ADDIT, FEE												
ENT B		(Column 1).		(Colum		(Column 3)					_	AUDIT. PEE												
	·	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RĄ	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
ENDMENT	Total	*	Minus	**		=	·	X \$	9 =		OR	X \$ 18 =												
AME	Independent	*	Minus	***		=		X \$ 4	14 =		OR	X \$ 88 =												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								50 =	·	OR	+ \$ 300 =	·											
•								TOT ADDIT			OR	TOTAL ADDIT. FEE												
		(Column 1)		(Column		(Column 3)						NOUN. FEE												
꿃ㅏ		REMAINING AFTER AMENDMENT		"HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	٠	RAT	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Fotal ·	•	Minus	**		= .		X \$ 9	9 =		OR	X \$ 18 =												
	ndependent	*	<i>M</i> inus	***		=		X \$ 4	4 =		OR	X \$ 88 =												
ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 15	i0 =		OR	+ \$ 300 =	2 3											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											UB F	TOTAL ADDIT. FEE												
ŧŧ	the "Highest Nun	iber Previously Pa	FOC IN THIS S	PACE is less	than "	a' anter "	nd in t	the appro	priate t	oox in colum	n 1.	If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "30". The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 11/2004)

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